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ABSTRACT

The critical problems, needs, and issues in early childhood special education are formulated, and an overall framework is suggested for their solution. What is called for in early childhood special education is an expansion of the educational and child development data banks, the creation of a Child Early Warning System (CEWS), the funding of large scale research studies and special education think-tanks run on a quasi-industrial model. Furthermore, the care of children should be viewed as a national enterprise. It is suggested that the handicapped child be returned to the regular classroom environment to enhance his "normalization" process. Continuity between the work on normal and abnormal growth should be maintained, and work on early abnormality should consistently be pursued in the context of normal development. The education of young handicapped children can be improved by data collection systems, standardized methods of child study, a specification of curricula, explicit performance objectives, and comprehensive systems to encompass instructional innovations. (CS)

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PROBLEMS, NEEDS, AND ISSUES IN EARLY CHILDHOOD SPECIAL EDUCATION

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INTRODUCTION

The title for this disquistion is apt; it seems that the field of early education for normal and abnormal children contains nothing but "problems, needs, and issues". The array of problems is wide, and the scholar seeking rich ground to plough need look no further.

It is not that there have been no efforts at early education. There have, and in the case of those handicapped by deafness the work goes back several hundred years. The concerns arise from the need to conduct early education as a serious matter, a multi-million dollar complex currently under close public scrutiny. The difference produced by the change in proportion is more than a matter of perspective. It is also a matter of specificity. Traditionally, early education has been a cottage industry, an enterprise run by nice ladies in flowered smocks who sought to do good things, and still do.

The current condition is a reaction to that state of affairs. Activities must now be set afoot so that instruction and care can be delivered to thousands of children. Some are the children of working mothers, and others are handicapped children, youngsters for whom early instruction is is less a matter of social philosophy than a matter of instructional urgency.

The combination of normal and abnormal children in the preschool period is a statement of reality, though many people would prefer to think that

abnormal sensory experiential and cognitive states are likely to be "outgrown." The improbability of this emerges after a little thought; restoration to normality for a child whose attainment is below average would require a change in the velocity of growth, the developmental quotient. The change would be more than a change from slow to average growth rate; it would be a change beyond the average rate, to a superior rate. Were such a dramatic change to occur the result would be attainment of parity with normal youngsters.

Nature does not seem to create radical changes in rate of development; or if she does it is so infrequent that it is beyond our expectations. What is more reasonable is the creation of higher status of attainment by means of educational and therapeutic intervention.

The relationship between developmental work on most young children and the handicapped is interesting. We should make every effort to maintain continuity between the work on normal and abnormal growth. Indeed, work on early abnormality should always be pursued in a context of normal development. In the St. Louis Baby Study abnormal growth is studied in continuous reference to normality. The price is complex study of large populations, one thousand newborns now aged five, but it is worth it.

PROBLEMS

There are several connotations to the word problem. There are problems which are worrisome, matters which make us anxious in a personal sense - where does one look for money to conduct research, how can the computer center be made a little more responsive, can I find a test of x concept which I can give to handicapped children? This sort of problem is a part of the conduct of inquiry. It goes with the life style of intellectuals and there are no solutions, only accommodations based on a strong need for achievement and a drive to persist.

The happier connotation is that of interesting problem, the challenging concepts which are at the heart of the process of inquiry. The act of inquiry into problems which are interesting is endless as each problem yields equally interesting sub-problems.

Problems of Children. The classic cookbook by Mrs. Beaton begins the recipe for rabbit stew by saying, "First, catch your hare..." In the study of young handicapped children we have much the same problem, the need to identify the population we wish to serve. In some respects the problem is easy. There are some groups of children whose stigmata are evident, and who are, therefore, self-selecting. In some instances stigmata may be recognized at delivery. Children with Down's syndrome, and those with birth defects are examples. In these two instances there is an obvious set of distinguishing signs. The ease of discrimination is obviously related to severity. The most seriously handicapped are easy to recognize. Equally easy to identify are some high-risk groups. We know from the studies of Drillien (1964), McDonald (1967), and Wiener (1968), that preemies below three and a half pounds are not likely to escape the consequences of their gross immaturity. Equally, issue of diabetic preg-

nancies are at risk.

The difficulty is that infants have a way of side-stepping our predictions. Not all high-risk newborns turn out to be damaged. Equally, not all low-risk newborn turn out to be normal. An additional element is that degrees of functional difficulty exist on a continuum. The interest of educational planners is not limited to the self-selecting at birth, and to the grossly inadequate in the preschool years. Our perspective includes the moderately and the mildly handicapped. In the case of the latter, the mildly handicapped, the need to identify is particularly clear. The mildly handicapped preschool group offers major opportunities for successful intervention.

The problem becomes one of identifying at an early age children who will typically present serious instructional problems at a later age. What is called for is a Child Early Warning System (CEWS). Its function would be to identify as early as possible the youngsters needing the earliest possible attention. Conceivably, a corpus of data could be assembled on biological environmental, and family traits. Each of these domains can yield quantitative information. In the St. Louis Baby Study at cohort age four and a half years, we have a data bank on one thousand newborns. One hundred pieces of information have been developed. Not all children have been retained, but we have information on about eight hundred. Some of the information was gathered for special purposes on some children, but not all. On others, information was gathered, but not put into the data bank. Study of these data (Jordan, 1971) suggests that the need for a Child Early Warning System can be met. The St. Louis Baby Study is not necessarily the way to develop a system, but it certainly demonstrates the feasibility of early detection in low risk as well as high risk children.

A second problem of children is a little broader, and a little less

amenable to direct assault. Directly put, it is the problem of relating disease and disability states in children to the processes of instruction. Less directly put, it becomes the question, "When is a child with a disease state or disability condition also a handicapped learner?" The premise is that children can have things wrong with them, be unusual or abnormal in obvious ways, and be free from significant limitations in an instructional context.

We can conceive of a child with a series of problems, each of which is obvious and worrisome, none of which materially affect the response repertoire. Consider the fictional Matilda:

1. She is fourteen years of age
2. She is as bald as an egg
3. She has one blue eye and one brown eye
4. She is four feet tall
5. She has a luxuriant beard
6. She has rudimentary wings and a tail.

Matilda is obviously not going to be Miss America, but she is equally not going to be a candidate for a special class. A special instructional regimen is called for when a child's response repertoire or set of sensory modalities require a seriously modified set of instructional tactics. With the exception of the last, the sixth element in the description - the product of a fevered mind - we can all recognize serious physical and psychological problems. The beard might well call for a little psychiatry, whose usual goal is to make you unworried about something that has and should worry you. The first four are disease (tissue level) or disability states of obvious importance.

This fictional and awe-inspiring set of problems is an obvious didactic stalking horse. It helps us spot a serious piece of unfinished business

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in Special Education, the precise formulation of the equivalence of problems and instructional significance. In the past decade of expanded services we have not faced this problem squarely, although Quay's (1968) work has been a positive step in the direction. It picks up a slender thread of work by Jordan (1961, 1966), and by Stevens (1962) ten to fifteen years ago.

It does not seem likely that we can continue to set aside the fundamental problem of specifying the precise nature of the problem, and of describing a set of relationships. The problem, like most problems, is quite traditional. It is really a problem in epistemology. It can be formulated as the isomorphism of educational data and child development data.

Instruments. The study of handicapped learners has always been complicated by the inapplicability of diagnostic instruments. To the reformed clinician the problem is that good tests for middle childhood have traditionally been most applicable to children who didn't need testing. That is, the good tests have presumed the normal complement of sensory and motor skills. Study of exceptional children has called for ingenuity. To be sure, there have always been some tests for the handicapped, the Hayes revision of the Binet, the Nebraska Test of Learning Aptitude, the Ontario Scale, and the Progressive Matrices. These have allowed for good study, in selective ways.

The rise of preschool age children as a target population has once more raised the problem. We need instruments which tap a variety of response domains, but do so at low levels of attainment, and do so in styles which require minimal responses. The Boehm Test of Basic Concepts (1970) will prove useful; Vane has in development a concepts test which uses a set of plastic cups containing beans, and attached to a short board. We need good direct measures of language attainment, and of syntactic proficiency.

A more technical problem with young children is the matter of reliability

of measures. The most simple practices are deceptive. The length of an infant seems a perfectly obvious matter - obvious to those who haven't measured the length of a baby recently. Apgar scores in the delivery room, five indices of physiological state, show little temporal stability. As another illustration, consider the problem of parent interview versus child performance measures. In theory, the obvious is clear. In fact, it is a little less certain. On the one hand there is the value of indirect measures derived from third party perceptions which are repeated and sustained. On the other hand, there are the problems of getting any information from a direct encounter with a young child who is suspicious, cranky, tired, or possibly all three. The choice of indirect evidence over direct evidence - if any - is a better question with very young children than at later ages.

Educational Strategies. The largest intervention yet tried, Headstart, started from the desire to optimize readiness immediately before entry in school. A broader statement of the same concern would take the form of discriminating the optimal age for several curricula with various groups of children. This larger statement of the problem has been approached by a variety of investigators in a variety of ways. A range of curricula, DARCEE (Klaus & Gray, 1968), Bereiter-Engelmann (1966), and Montessori (1966), for example have all been tried. An interesting problem is that of searching for the optimal age of responsiveness. It is likely that some age-groups are responsiveness to cues, modalities, they ignore at later ages. This complex of treatment and subject elements has not been schematized well in early education; it has not been schematized at all, to my knowledge in Special Education. It is quite likely that overtures to handicapped children will be more or less effective at different stages of development. Is it true, for example, that instruction is effective in proportion to the earliest

age for beginning instruction? Can we wait too long to start work on children? Where in between is the optimal age, and for which children, and what curriculum?

A second point is our sense of conviction that we know enough to make intervention a rational enterprise. We are in a period when the climate encourages people to do something, anything it seems, rather than nothing. However, the nothing turns on inspection to include a conservative position on the value of knowing a great deal before tinkering with human lives. What seems called for in early special education is a committment to expand the knowledge base from which action decisions and choices flow. It is quite likely that we will see broad and swift expansion of services to very young handicapped children. It should be closely coordinated with expansion of the knowledge base. As an example it would be helpful to know if negative environmental influences can be reversed. If so, which, and when, and for some, any, all groups of young children.

NEEDS

The most generalizable statement of needs in early special education and development is that we raise the scale on which we construe our problems. In both development and special education there is a tradition based on scarcity of resources which causes us to conceive our work in a very piecemeal fashion. We study small groups of children, and employ unrealistically small arrays of variables. We need to undertake study of populations which are large; far too often we are open to the charge that our views are insubstantial, being based on mini-studies of mini-populations. The exquisiteness of nested designs to the contrary, there is a certain pragmatic robustness to studies conceived on a large scale. This pragmatic property may be only face validity, but it is one which legislators respond to well, vide the Collaborative Perinatal Study (CPS).

A more appealing model than the CPS work is the work by Rutter, Tizard, & Whitmore. It is an examination of the form and incidence of major handicaps in a British population of 100,000 people and reported in 1970. Not the least surprising finding is the high incidence of problems in the well-nourished population on the Isle of Wight. The research team reported a "...chronic or recurrent handicap..." (p. 248) in one child out of six. It seems from the Headstart surveys and the British survey that study of large populations can yield information quite at variance with the results of smaller studies.

Equally valuable is the accumulation of large amounts of information from given populations. Data banks do not exist on a substantial scale for research on normal or handicapped young children. There are selected sets of archives generated through the Berkley, Fels, and Terman archives, for example. What is needed, however, is acquisition and maintenance of

of broadly conceived aggregates of data. Certainly, the technology exists to provide accessible data: the procedural problems are not small but, as the Coleman Report demonstrated, they are not impossible. A need in the same view is for the evaluation of educational outcomes on a large scale. Recent BEH plans to conduct evaluation studies of curricular and integration effects show a degree of leadership which is most welcome (Kauffman, 1971).

We need to extend the scope of our work on young children in another way. For too long we have been committed to an obsolete concept; it is that education is only a local problem. The times seem to have caught up with the idea that one can confine the constructions imposed on learning to the dimensions of given school systems. What has been neglected is the simultaneous view that education is a supra-local enterprise. We need to see that the California decision separating instruction from the local tax base is a straw in the wind. For years a substantial portion of the population has been highly mobile, crossing state and regional lines frequently for occupational reasons. Our local school instructional leaders have remained parochial in their outlook, equating their own lack of geographic mobility for a national state of affairs. The point is that the care of young children, ever since Headstart, has been seen as a national enterprise. We need to endorse that reality, particularly because we serve a constituency whose needs can beggar local fiscal resources. A second reason is that substantial planning and analysis may require us to use as catchment areas far larger aggregates of children than local populations can supply (e.g. particular configurations of multiple handicaps).

Not the least byproduct of a sense of education as a national as well as local activity would be an increase in our effectiveness as lobbyists for a constituency of the very young.

Let us now turn to some needs which are more specific in nature and less ideological. The education of young children, handicapped and otherwise, could be greatly improved if we had:

Data Taking Systems. We need to develop systematic ways of recording dependent measures based on child behavior. In recent years there has been an increase in attention to classroom process variables, and a fair degree of sophistication in this area now exists. It is appropriate to stop unnecessary work on data taking systems for process variables and begin to standardize them.

Assessment Procedures. Of much the same order is our need to standardize methods of child study. At one level this means the choice of tests. At a far more basic level it means agreement that tests are not enough, that family data, environmental data, and biological data should be specified. Equally, it means that child assessment requires the views of several people, and that the process of integrating data and its evaluation can be normalized.

Specification of Curricula. Fundamental to a group of experimental outcomes is a sense of what the antecedent treatments have been. In educational research on curricula there is a persistent need to specify the independent variables by more than names. We need to know the details of procedures, the unavoidable modifications, and so on. It is quite likely that some objective, third party statement about curricula as (e.g.) process variables and content variables could be worked out. One outcome might be that curricula with nominally different identifications would be functionally similar. Another would be that local applications of nominally identical curricula would turn out to be very different functionally.

Performance Objectives. Last but not least is the need to know exactly what we are trying to do when educating young handicapped children. What

is called for is the development of explicit behavioral objectives. It can seem that this is a self-evident proposition, but it is not, particularly among those whose identification is with traditional early education. In many cases early education personnel use as an idiom a metaphoric language, a set of ideological statements about their personal values, rather than statements in child-centered terms. It would help a great deal if early special education would adopt a self-conscious style of being literal, objective, and concrete in stating desired outcomes.

Systems of Instruction. Finally, we may refer to the need for putting instructional innovations for early special education into the form of comprehensive systems. We need to continue to focus on innovative materials and procedures. We should also attempt to synthesize all elements of an instructional configuration into a larger, more reproducible whole. Such a configuration might include

1. Specification of target audience
2. Specification of materials and procedures
3. Systematized dependent measures
4. Training systems
5. Personnel configurations
6. Equipment specifications
7. Evaluation systems
8. Fiscal costing-out procedures.

In some respects this latter set of elements is consonant with the first set of needs. That is, it requires us to see educational practice as an activity which can be normalized, in much the sense which applied to the training of teachers a century ago. Further, specification of more than the lesson plan, the classic module of classrooms, permits the realistic installation of instruction in new sites, at distances which preclude

the immediate attention of the primary innovator. In some fields of early special education this will be easy, in others it will be hard. Some people hoard their methodology, resisting diffusion activities because they permit public scrutiny. The education of the deaf has been a good example of this sense of the private. Undoubtedly people serving other disability groups also wish to control personally the dissemination of materials. Certainly, in diagnostic terms there is a well known but little used test for infants which meets these specifications. The test can only be learned from the developer, and for a fee. The last few years have seen the appearance of Bailey's Scales which are far less restricted in their utility.

TRENDS

The basic trend at the moment is the move to integrate, to combine, to reconcile, to synthesize fractional practices and concepts. At the level of practices it can be seen in the trend to more programs for educating handicapped children in a closer relationship with those for normal children. The separation has traditionally been justified by the need to keep special populations clearly identified. The lack of separate identity has generally inhibited development of services and programs. Currently, reconciliation of separate but not quite equal groups of children is underway. The Texas Educational Authority has established a set of financial inducements designed to discourage segregation of handicapped children. There is a bounty, as it were, provided for school districts which report integration of handicapped children. At a less concrete level one hears a good deal about the desirability of integrating handicapped preschoolers with non-handicapped. Several of the nation-wide centers for early education of the handicapped have spoken about recruiting normal children into their programs. One of the origins of this view is conceptual. It is the view that normalization is an appropriate model for understanding development. Normalization means that children should be encouraged to develop the attributes which non-normal experiences (segregation) inhibit, and indeed deny.

Another trend is the increasing degree of attention to the preschool years. Interest in this fascinating stage of development is shared by a wide, indeed strange, army of bedfellows, political and educational. The consequence of this concensus of professional and legislative thought has been a thrust in the direction of early programming for children.

The basis in thought for this trend is recognition of the needs and opportunities which the early years present. The need is to intervene in

the process of development so that avoidable patterns of behavior can be precluded. The opportunities lie in the possibility of accelerating social and cognitive growth. By that act a number of children can avoid the subsequent status of retarded, culturally deprived, and linguistically impoverished.

Within the preschool span there is an interesting trend towards work on the earliest years. Ball (1971) has documented that training can be conducted in the early weeks of life. Workers in Seattle and Montevideo have shown that early attention, as early as five weeks of age, can alter the pattern of growth for retarded children. We would hope that the behavior of parents could also become a clearer focus of work. There is a slight trend towards work on this point of development leverage, and it offers great promise for children with all kinds of problems. If we can accelerate the trend towards helping parents become more effective as the prime educative force we will do much to advance child welfare.

Still another trend is that towards use of comprehensive designs for research on problems of children. The scope referred to is seen in use of multivariate designs, inferential rather than descriptive findings, and use of populations of a size large enough to be considered representative. Well-executed epidemiological studies of early development are called for. Within the general context of design there is a clear call for longitudinal studies. In some instances the interest is really a matter of follow-up, assessing effects of early training. In other cases it is a desire to see the knowledge base concerning early development expanded beyond its present scope.

ISSUES

We may now turn to matters where progress is inevitably a little slower, whose technology is less relevant than reflection. There are a number of issues which persist in the study of early development for all purposes, and with all children. We may start by asking how early education for the handicapped differs from the more general enterprise of early education. For many people it is given that the existence of words is parallelled by the existence of realities - the scholastical problem of nominalism. As with all early curricula those for the handicapped tend to be indentified generically. Also, there is the same failure to identify curricula by process variables. As an example there is the possibility of different curricula - by name - being similar by process, in the face of different apparent content. Also, there is the possibility that identical operations by name and content may be very different when exposed through different teachers. The issue remains - is early special education different from early general education, and if so how.

A related issue is the matter of effectiveness of early education - for both normals and handicapped. Mini-experiments with mini-populations using mini-designs leave the questions open, the issues unresolved. The question is certainly pregnant for general early education, an enterprise largely accountable to the Congress for its funding. For the handicapped the question is perhaps more delicate, since the cost of instruction is much higher. Unfortunately, there seems to be little sensitivity in early special education to the need to generate and develop best evidence on whether early education is justified by its effectiveness. Again, sophisticated answers are called for, and the issue is sufficiently important to require our best efforts of evaluation.

Three related but subordinate issues may be touched upon: The first is

the issue of evidence existing in sufficient quantity to justify intervention programs for the handicapped. We all have firm and stable beliefs about the matter, feeling that the evidence is sufficient. There is at least one way in which the knowledge base is inadequate. It is the absence of evidence on optimal timing of intervention. This is a point at which early special education can make a contribution. It is arguable that special population - disability groups - may benefit from differential timing of intervention treatments. The opposite may also be true, namely, that comparable degrees of disability for different groups may also be equated by developmental stages for optimal timing of intervention. Obviously, the matter of comparability across disability states is a concept needing study.

Another issue is the extent to which young children should be allowed to grow at home, as opposed to being fed into the machinery of education. To some parents early education is the key to getting into medical school; for others it is a response to the realities of the one parent family whose head must work. Obviously, the significance for parents of the handicapped is as a venture in remediation, an attempt to restore to normality a child who is otherwise likely to be in even greater difficulty with the passage of time. Consideration of these alternatives suggests that there may be issues of priority as the expansion of services begins. Most people will believe that priority should go where the need is greatest. By that reasoning the issue of priority is resolved in favor of early education for the handicapped, next the children of working mothers, and, last of all, the education of the next generation of doctors, or at least dentists and lawyers.

Another issue to be resolved is the idiom in which early education for normal and handicapped will be pursued. The choices are the emerging technology of instruction and the modification of behavior, and, on the other hand, the traditional idiom of early education which is metaphoric, axio-

logic and vaguely benevolent. A synthesis is desirable; technology often slights the ends of education in an intellectually primitive way; traditional early education acts as if literalness of language were a plague, and metaphor a better choice than detail. I doubt a synthesis is possible, and the issue will probably grow sharper with the passage of time. In so far as Federal efforts are concerned the emphasis is probably on the literal, feeling that behavioral objectives are necessitated by the trend to accountability.

An issue of great magnitude for early education is the choice of curricula. There are several curricula contending for influence. In one idiom is the Montessori movement, a set of procedures whose value is great, but unfortunately too often expressed in a blur of metaphor which makes objective assessment difficult. To many unsuspecting parents Madame Montessori is alive and well, and working in the next suburb. In a rather different idiom are the contemporary curricula, e.g. Bereiter-Engelmann, which is self-conscious about its literalness, and which permits great specificty and public inspection.

Careful review of the domain, including the curricula for handicapped children, leave one with the conclusion that the question is still open. It is not that comparisons have not been made. They have, and they tend to be poor. They have often been made by non-educators, child-development specialists, whose naiveté is about the same as that which has prevailed in special education. We still have to see the assessment of curricula conducted in early education at the level of sophistication our knowledge permits.

It is possible to be quite specific about this matter. The teaching-learning process is commonly underestimated in complexity. Evaluation designs set up straw-men for comparison. Beware of a curriculum tested

against that old war-horse the "traditional" curriculum; it is usually an amalgum of caricatures and self-serving distortions. Equally bad is the practice of using status variables rather than process variables to explain outcomes. Also, the specification of treatment other than by label, is usually avoided. Teacher traits as input variables are rarely expressed. In short, a problem calling for a complex multivariate solution is frequently handled by means of a matched pairs comparison of one knows-not-what. The outcome is that we have little knowledge of the effectiveness of early curricula. Expensive, elaborate tests of curricula have yet to be done. The result is that selection of the best curriculum for early education is not yet possible on an evidential basis.

In the case of the handicapped the problem gets more complicated. There may not be a rational array of choices. Also, there may be uncertainty about subjects. One sensory disorder group has an influential methodology; the technique works with the subjects, who, we are told, were diagnosed by physicians. There exists a parallel literature in the medical domain dealing with the same problem. There one reads that the problem of diagnosis was eased by asking the educators to provide children. They are the same children... It can be seen that choice of special education curricula can also be improved at selected points.

OBSERVATIONS

The early education of normal and handicapped children needs lots of people. One of the persistent problems is the disproportionate relationship between people conducting inquiry, knowledge-base development, and those in care-giving roles. It is typical of our efforts in the past decade that we have sought to expand service without proportionately increasing attention to training or to knowledge-base development. That state of affairs was perhaps not out of touch with the genteel amateurism of political life in the early sixties. It is regrettable to see it persist in the seventies. We need a better proportion of energy and funds directed to research objectives. Some of this research support should be awarded on a competitive basis for work on specified problems, applied instructional problems, primarily, knowledge-base development, secondarily. Some support should also go to unsolicited research. Government agencies making awards should be careful to distinguish between professional visibility as a generalizable index of competence, and technical achievement, a phenomenon demonstrated in tangible products.

Equally pressing is the development of research personnel. An aspect meriting attention is the scarcity of experienced research workers to guide the development of graduate students. At anytime a great deal of research is project work, rather than programmatic activity. A consequence is that, at anytime, there are comparatively few people engaged in career committments to research on young children. The problem is particularly acute in the area of handicapped children. The level of research competence could be higher, if only because people engaged in research are comparatively few. Special educaton as a whole is a practice-centered field, while child development is probably described as a concept-centered field.

Another interesting aspect of personnel in early childhood education,

those dealing with the normal and abnormal, is the sequence of their professional experiences. To some development specialists the current phase of direct instructional activity has come rather late in life. The experience has come after academic work, research and teaching, and occasionally, clinical work. For many people nominally in education, but really behaviorally-oriented researchers, the sequence has been the reverse. They have come to conceptual analyses only after an increasing dissatisfaction with years of direct instructional experience. In reality, we have a set of research-minded early education workers, nominally quite distant because they are in different colleges of the same university. Both sets have the same set of experiences, training, and interests. They share a common interest in little children.

Basic to this observation is the existence of a common constituency, little children. What the children need is the combination of these two pools of talent so commonly alienated on our campuses by fundamentally political concerns and ideological pretensions; we need to organize their talents. The alternative is to see each group figuratively inventing the wheel time and time again. A basis for rapprochement exists in the technology of behavior modification. This is an intellectual movement acquiring adherents in sociology and in nursing, as well as education and psychology.

At an organizatonal level there exist opportunities for better use of personnel. There are several groups currently jockeying for power, using the adjective National to describe their existing capabilities, their pretensions, and their ambitions. There is still the opportunity to develop a national-international (?) - center for the development of young children. It would deal with knowledge-base development, and the development of applied instructional systems. In such a center people from a variety of backgrounds could work. It probably should not be a university, since there

are implicit, covert restrictions to non-traditional organizations in Academia. It dare not be a member of the Federal establishment since the inhibitions there are overt. It should, perhaps, be run on think-tank lines, with a quasi-industrial model used in order to keep it goal-oriented. So much work in Academia is acting-out intellectual reveries. The sequential analysis of problems in which pay-off, delayed as well as immediate, conceptual as well as applied, is expected has much to recommend it. Certainly the world of early education has reason to want an approach of this kind.

In the last analysis inquiry and practice are reciprocal. They are tied to the need to improve the human lot. Delivery of tangible products which will directly or indirectly benefit children is what the times demand. Nothing less is permissible.

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